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ABSTRACT

To identify specific dimensions of communicative disturbances among adults and children in abusive/neglecting families, 10 mother/child pairs from problem families were matched with 10 control pairs. Each mother was videotaped with her 4- to 15-year-old child for 15 minutes while playing a game under nonstressful conditions. Subjects' conversations were taped and coded for structural/functional type (i.e., bid, response, comment), aggravation/mitigation, discontinuities of topic, interruptions, and disagreements or differences of opinion. It was hypothesized that the usual psycholinguistic constraints of the listener upon the speaker, in which speaker's utterances tend to reflect listener's speech and are fashioned to optimize listener's positive response, would be altered in maltreating pairs of mothers and children. Specifically, in comparison with nonmaltreating families, maltreating family interaction was expected to exhibit more instances of aggravated utterances, fewer instances of mitigated utterances, less conversational cohesion, and more maternal control of the conversation. Results indicate that markers of communicative disturbance can be identified in the ordinary unstressed conversational interactions between maltreating mothers and their children. An index based on aggravation/mitigation, conversational cohesion, and maternal control was able to differentiate between maltreating mothers and children and matched controls. (RH)

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A DISCOURSE ANALYSIS OF THE CONVERSATIONS BETWEEN MALTREATED CHILDREN AND THEIR MOTHERS[1]

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Numerous observational studies of the interaction between family members in abusive and high risk families, especially between mothers and their children, have shown that the quality of their interactions is more negative (Burgess et al., 1978) more coercive (Burgess, 1984; Patterson, 1976) less attentive to (Wahler, 1984) and less contingent upon (Fontana et al., 1984) the cues provided by one another. Most of these findings have had to do with the mother's reading of the child's behavior but it is highly likely that faced with these types of communicative behaviors in their parents, children, especially older children, should begin to show some of these same behaviors themselves (Patterson, 1980).

The clear implication of these studies, which were carried out in a wide variety of situations, some stressful, some not, some at home in the natural context of family interaction and some in the laboratory, is that child maltreatment is merely the end product, or outcome, of a breakdown in the normal processes of communication between parents and children and suggests that the difficulties in their verbal interaction are pervasive and, as such, can be found in all of their

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interactions with each other. In keeping with the idea that communicative disturbance can be detected in all interactions, the present study, therefore, sampled their interaction in a benign unstressful laboratory situation which, aside from a 15 minute time constraint and an overall task demand, allowed a wide degree of latitude in what and how much the parent and child could say to each other.

It was hypothesized that the usual psycholinguistic constraints of the listener upon the speaker, where the speaker's utterances tend to reflect the listener's speech and are fashioned to optimize the listener's positive response, would be different in maltreating pairs of mothers and children. Specifically, this was expected to result in more instances of aggravated, and fewer instances of mitigated, forms of spoken utterances (Fanshell and Labov, 1977), less cohesion in their conversation (Halliday and Hasen, 1976), and more maternal control of the conversation.

It is hoped that the determination of specific markers of communicative breakdown could conceivably provide the basis for devising specific behavioral interventions for modifying such disturbed speaking styles. Unlike most of the successful parent training programs to date which have directed their efforts at decreasing oppositional behavior in young children by modifying the way in which parents make demands (Wahler, 1976; Forehand et al., 1981) we believe that any

attempt to treat these families must be based on a more comprehensive analysis of their communicative disorder. We believe that their verbal interaction will reveal many more communicative disturbances than those having only to do with child compliance and that these will be found regardless of the age of the child. If there are indeed diverse profiles of disturbed speaking styles characteristic of these families, the assessment of the three dimensions proposed here, namely, mitigation/aggravation, conversational cohesion, and maternal control, should enable us to identify them.

METHOD

Subjects-

The subjects consisted of 10 pairs of mothers, 4 perpetrators of physical abuse and 6 of neglect, and their children, all referred by Child Protective Services in Nassau County, New York to a hospital-based family crisis treatment program.[2] Ten control pairs were individually matched for children's age (4 to 15 years), sex (total: 8 males and 12 females), SES (Hollingshead Four Factor Index: 1-5), and ethnic group.

Procedure-

Each mother was videotaped with her child for 15 minutes playing a game in which they were both instructed to spend a given amount of scrip on everybody in their family such that everyone received what they wanted. They were provided with shopping catalogues, paper and pencil, and refreshments. No experimenter was present in the room during the taping.

Coding-

Typed transcripts and audiotapes were coded according to a coding manual[3] by two coders who were apprised of the age and sex of the child in the pair, but blind with respect to all other identifying caracteristics. Results are based on consensual coding by both coders. Coding reliability was computed on the first 50 utterances of 12 conversations. It was based on single coders' agreement with the standard consensus coding using a method devised by Clement (Clement, 1976) that consists of a combination of occurrence and non-occurrence agreement scores that differentially weights each score on the basis of the actual frequency of the particular category being coded. The overall mean proportion of agreement was .88 with estimates ranging from .65 to .97 for the ten different coding categories considered in this study.

The coding manual defined both the coding unit and the specific coding categories used to classify each unit. A unit was defined as an utterance, and consisted generally of one person's turn in the conversation, except in those instances where a coding change occurred during the turn. In such cases, the utterance was separated and coded as two or more utterances.

Each of the utterances of the mother and the child were coded separately for:

1. Structural-functional type: bid (or mand) on the listener to respond; response; mixed utterance consisting of a response and a bid; and comment, an utterance similar in one respect to Marion Blank's code (used for coding the verbal interactions of autistic children) in which the utterance does not 'oblige' the listener to respond, nor is it, in turn, a response to a previous utterance.

2. Valence, which was coded in terms of the dimension of aggravation/mitigation (Fanshell and Labov, 1977) according to 52 specific coding categories. Twenty six of the categories described aggravated utterances which consisted of those in which the speaker, either explicitly, by the content of the utterance, or implicitly, by the structure of the utterance, conveys a negative attitude to the listener or displays a lack of consideration for the listener's good opinion or positive response. Nineteen of the categories described mitigated utterances which consisted of those in which the speaker displays consideration for the hearer's point of view or opinion, utterances which take into account the listener's attitude and are phrased so that the attitude and response will be positive. Eight of the categories described neutral utterances which are direct forms that do not take the listener's attitude into account but at the same time are not impolite. They are generally utterances which don't require mitigation

to elicit an appropriate response from the listener. They were coded conservatively, giving precedence to aggravated and mitigated categories.

3. Discontinuities of topic which were coded conservatively and were utilized if a speaker introduced an abrupt change to a new topic with a completely new focus or switched to a new activity. This code and the two following were paralinguistic codes which were expected to reflect a lack of cohesion and an element of aggravation thought to be specially characteristic of the maltreating pairs:

4. Interruptions.

5. Disagreements or differences of opinion.

RESULTS

Two types of analyses have been planned for these data, one based simply on the proportions of utterances classified according to the coding categories and the other a sequential analysis which examines runs of utterances of various types and the sequential probabilities (Gottman and Parkhurst, 1980; Sackett, 1980) of pairs of utterances (i.e., of types of maternal utterances following types of child utterances and, conversely, types of child utterances following types of maternal utterances).

The first analysis is most relevant to the hypotheses concerning the dimension of aggravation/mitigation and the second most relevant to the problem of determining cohesiveness

in the conversations. To date, only the first analysis has been completed and so only indirect tests of cohesion, that is, whatever we could infer from the examination of zero order proportions, have been carried out. The results of these are still inconclusive. The results concerning aggravation/mitigation, however, are clear and will be presented in more detail.

As a first test of the feasibility of establishing an overall communicative disturbance index based on all our measures, one that would yield profiles of disturbance for each family and which would be able to differentiate between the conversations of maltreating and control mothers and children, we established, on an a priori basis, an unweighted index consisting of nine disturbance markers. The maternal communicative disturbance markers consisted of:

- a higher proportion of aggravated utterances
- a lower proportion of mitigated utterances,
- a higher proportion of discontinuities,
- a higher proportion of disagreements,
- a higher proportion of interruptions,
- a higher proportion of bids (indicating more maternal control),
- a lower proportion of responses (indicating less cohesion),
- a lower proportion of mixed utterances (indicating less cohesion),

- a lower proportion of comments (indicating more maternal control).

Eight of the 10 maltreating mothers showed more disturbance markers than their matched control mothers.

The children's communicative disturbance markers consisted of:

- a higher proportion of aggravated utterances,
- a lower proportion of mitigated utterances,
- a higher proportion of discontinuities,
- a higher proportion of disagreements,
- a higher proportion of interruptions,
- a lower proportion of bids (indicating less cohesion),
- a lower proportion of responses (indicating less cohesion),
- a lower proportion of mixed utterances (indicating less cohesion),
- a higher proportion of comments (indicating less cohesion).

All of the maltreated children showed more disturbance markers than their matched control children.

An examination of the valence alone was carried out by correlated t tests of the differences between the percentage of aggravated, mitigated, and neutral utterances used by the maltreating and control pairs of mothers and children. For no set of utterances were there significant differences between the percentages of neutral utterances for the two

groups for either mothers or children (See figure 1 a,b,c,d, e,f).

For the total set of utterances in each conversation (See figure 1 a) maltreating mothers used a lower percentage of mitigating utterances than matched controls (M=24%, SD=6.42 vs. M=37%, SD=7.16, t= -4.84, d.f.=9, $p < .005$) and a higher percentage of aggravated utterances (M=17%, SD=12.94 vs. M=5%, SD=4.70, t= 2.98, $p < .01$). Maltreated children also used a lower percentage of mitigating utterances than matched controls (M=14%, SD=7.70 vs. M=26%, SD=10.55, t= -2.92, d.f.= 9, $p < .01$) and a higher percentage of aggravated utterances (M=17%, SD=17.62 vs. M=5%, SD=3.88, t = 2.05, $p < .05$).

An examination of the way in which maltreating mothers make requests of their children (See figure 1 b) shows that they use a higher percentage of aggravated utterances (M=16%, SD=8.54 vs. M=8%, SD=4.55, t = 2.28, d.f.=9, $p < .05$) and a lower percentage of mitigated utterances than control mothers (M=22%, SD=8.73 vs. M=36%, SD=14.01, t= -2.85, d.f.=9, $p < .01$). Maltreated children also use a lower percentage of mitigated bids than control children (M=17%, SD=15.34 vs. M=29%, SD=9.96, t= -2.21, d.f.=9, $p < .05$).

Mothers of maltreated children respond to their children (See figure 1 c) with a higher percentage of aggravated utterances (M=19%, SD=19.786 vs. M=3%, SD=4.973, t= 2.429, $p < .05$) and a lower percentage of mitigated responses than

control mothers (M=26%, SD=9.405 vs. M=44%, SD=12.032, t= -3.930, d.f.=9, $p < .005$). Maltreated children, as well, respond to their mothers with a higher percentage of aggravated utterances (M=14%, SD=17.516 vs. M=3%, SD=3.211, t= 1.865, d.f.=9, $p < .05$) and a lower percentage of mitigated responses (M=17%, SD=7.522 vs. M=28%, SD=15.993, t= -1.893, d.f.=9, $p < .05$).

An examination of mixed utterances, which are the most conversationally cohesive type, shows the same pattern (See figure 1 d). Maltreating mothers use a substantially higher percentage of aggravated utterances (M=15%, SD=12.768) than control mothers who use almost none at all (M=1%, SD=2.318, t= 3.194, d.f.=9, $p < .005$). The maltreated children use a much lower percentage of mitigated utterances than their matched control children (M=10%, SD=8.466 vs. M=28%, SD= 10.627, t= -4.620, d.f.=9, $p < .005$) although there is no significant difference between the children's aggravated utterances.

Comments, which are the least conversationally cohesive type of utterance, shows the weakest effect although the direction is the same (See figure 1 e). Maltreating mothers use a higher percentage of aggravated comments (M=17%, SD=15.642) than control mothers (M=6%, SD=8.729, t= 2.254, d.f.=9, $p < .05$) and no difference was found for mitigated comments. The children showed no difference in aggravated

comments but maltreated children used a lower percentage of mitigated comments than the control children (M=8%, SD=10.113 vs. M=15%, SD=10.743, t= -1.880, d.f.=9, $p < .05$).

The set of utterances constituting disagreements might be considered as somewhat analagous to conversation taking place in the presence of a mild stressor and therefore be expected to show more marked differences between maltreating and control pairs. This appears to be the case (See figure 1 f).

A much higher percentage of maltreating mothers' disagreements are aggravated than control mothers' (M=56%, SD=30.091 vs. 12%, SD=16.806, t= 4.280, d.f.=9, $p < .005$), whereas a much lower percentage of disagreements are mitigated by maltreating mothers (M=25%, SD=18.289) than control mothers (M=58%, SD=29.765, t= -2.512, d.f.=9, $p < .05$). The children, too, show a more marked effect in this condition. A much higher percentage of the disagreements of maltreated children are aggravated than control children's (M=63%, SD=30.534 vs. M=22%, SD=23.483, t= 5.149, d.f.=9, $p < .005$) whereas a much lower percentage of their disagreements are mitigated (M=5%, SD=11.049 vs. M=51%, SD=31.690, t= -4.161, d.f.=9, $p < .005$).

In an attempt to see whether maltreating mothers and children used different conversational forms for mitigating and aggravating their utterances, the relative proportion of use of different categories was compared for the two groups

using correlated t-tests. Table 1 presents the categories that were used significantly more often by each group. It can be seen that for aggravated utterances, maltreating mothers used harsher and more personally judgmental forms, whereas control mothers used a more structural, non-personal form, more like a careless interruption. Children differed too in that the maltreated children were more explicitly oppositional, whereas the control children tended merely to ignore their mothers. For mitigated utterances maltreating mothers used only more tag utterances, a form which can be used not only to mitigate but also to ensure control over the other person. Control mothers tended to express more humor and enjoyment and more often explicitly tried to enlist the child's cooperation. Control children also expressed more humor and justified the commands they directed toward their mothers. The only mitigated form used by the maltreated children was to offer unsolicited reasons and extensions, one of the least conversationally cohesive of the mitigated categories.

DISCUSSION

Our results indicate that markers of communicative disturbance can be identified in the ordinary unstressed conversational interactions between maltreating mothers and their children. An index based on the three factors of aggravation/mitigation, conversational cohesion, and maternal control was able to differentiate between maltreating mothers and children and matched control mothers and their children. It is unclear,

at this point, how to assign relative weight to the three factors of cohesion, maternal control and aggravation/mitigation. Our own results are clearest with reference to the aggravation/mitigation dimension. Until we carry out a sequential analysis of the pairs of mother-child and child-mother utterances with reference to the structural-functional forms, i.e., bids, responses, mixed utterances, and comments, results on cohesion must be taken as tentative. However, it seems plausible that communicative disturbance for different pairs of mothers and children may have different characteristics. For most, as we have demonstrated so far, maltreating pairs show more aggravated and fewer mitigated utterances. For some, there may also be less rule based conversational cohesion due to the insensitivity that we and others have seen in maltreating parents—and likely as well to be found for maltreated children by the time they are speaking fluently.

Maternal dominance seems to be somewhat stronger for maltreating parents according to such indicators as the higher proportional use of 'tag' utterances, although more conclusive results await further analysis.

By far the strongest finding has been that maltreating pairs, both mothers and children, although possibly somewhat less for the children, are different from non-maltreating pairs in their more frequent use of aggravated forms and correspondingly less frequent use of mitigated forms. These

results seem to be most pronounced for those forms of utterances which are the most conversationally cohesive, such as mixed utterances (where the utterance is both a response to a previous remark and a bid on the listener). We can expect, therefore, to find an interaction between the aggravation/mitigation dimension and structural-functional forms when we complete our cohesion analysis.

It should be noted that the bulk of the conversations for both maltreating and non-maltreating pairs is neither aggravated or mitigated, but rather consists of neutral utterances. This characteristic of the conversation is what makes it difficult to detect the communicative disorder in maltreating parents' and children's conversations in ordinary unstressed conversations and what makes it necessary to carry out detailed analysis of the actual conversational units comprising their discourse.

Our results indicate that in more stressed situations, that is, when disagreements arise between parents and children, the differences in aggravation and mitigation are more pronounced between maltreating and control pairs. We would expect that intervention aimed at modifying conversational style in unthreatening and unstressed situations so that it becomes more mitigated and less aggravated might generalize to the more stressful situations.

Such intervention might well be based on the results of

a detailed analysis of the kinds of mitigated and aggravated forms that are used by maltreating and control mothers and children. We have found differences in such forms. To be sure, all parents and all children make use of both aggravated and mitigated forms, but we have found a difference in which forms they use. In general, maltreating mothers use harsher and more judgmental aggravated forms whereas non-maltreating mothers tend to merely interrupt their children. The maltreated children tend to use direct oppositional forms for aggravated utterances whereas non-maltreated children tend merely to ignore some remarks of their parents. There seems to be a more confrontational style for the maltreating pairs. For mitigated utterances, as well, there are differences between the two groups. Maltreating mothers mitigate their utterances by using more 'tags', a controlling as well as a mitigating form, whereas other mothers more often use humor and explicit attempts to enlist their children's cooperation. The children differ too. Maltreated children only mitigate their remarks by elaborating and extending them, whereas non-maltreated children tend to justify the demands they make on their parents, use more polite forms, and like their mothers, use more humor.

Our results are merely a beginning at understanding the communicative disturbances in maltreating families. We

expect more definitive results after completing a sequential analysis of structural functional forms and increasing the number of pairs of children and parents we study. We hope our results will provide a basis for devising behavioral interventions to improve the disturbed communication between maltreating parents and their children.

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[2] The Family Crisis Program of North Shore University Hospital is funded in part by the Nassau County (New York) Department of Mental Health, Isidore Shapiro, Commissioner. Additional support for the research is also gratefully acknowledged from the Department of Psychiatry at North Shore University Hospital.

[3] Coding manual available upon request of the authors. Acknowledgement is made to the Computer Center of the New York State Psychiatric Institute for assistance in analysis of the data.

[4] Requests for copies of the paper should be addressed to the first author at N.Y. State Psychiatric Institute, 722 West 168th Street, New York, New York, 10032

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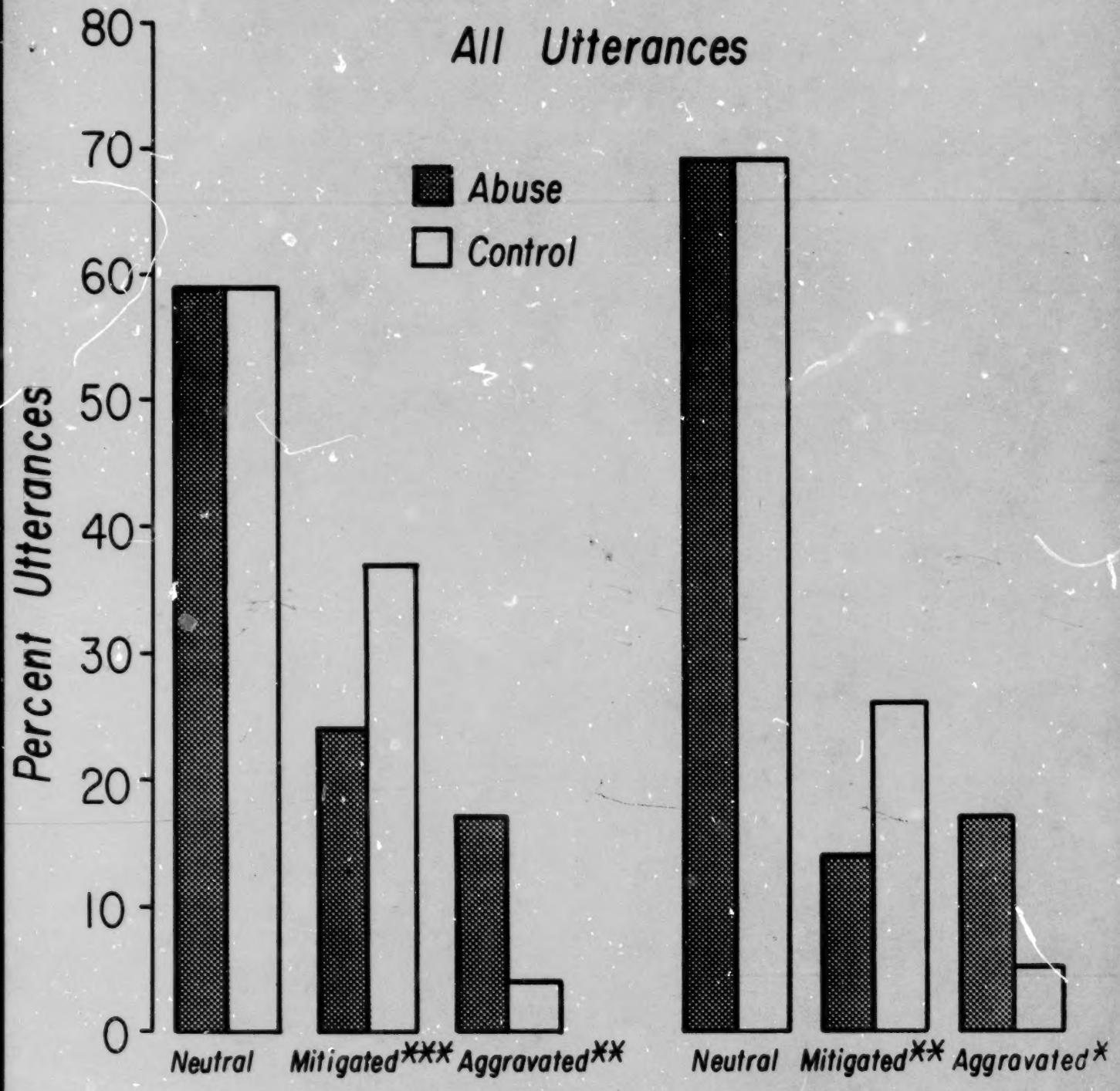
Table 1

Aggravated and Mitigated Utterances Used Significantly More Often by Maltreating and Control Mothers and Children

Aggravated utterances:	
Scolding *	Maltreating mothers
Criticism**	" "
Impatience **	" "
Devaluing other person **	" "
Sarcasm *	" "
Scepticism *	" "
Not allowing other person to answer **	Control mothers
Contradiction **	Maltreated children
Ignoring or not anwering a question **	Control children
Mitigated Utterances	
Tag utterances **	Maltreating mothers
Laughter in response *	Control mothers
Enlisting cooperation **	" "
Humorous sarcasm *	" "
Giving reasons and extensions **	Maltreated children
Justified or polite commands **	Control children
Humor **	" "

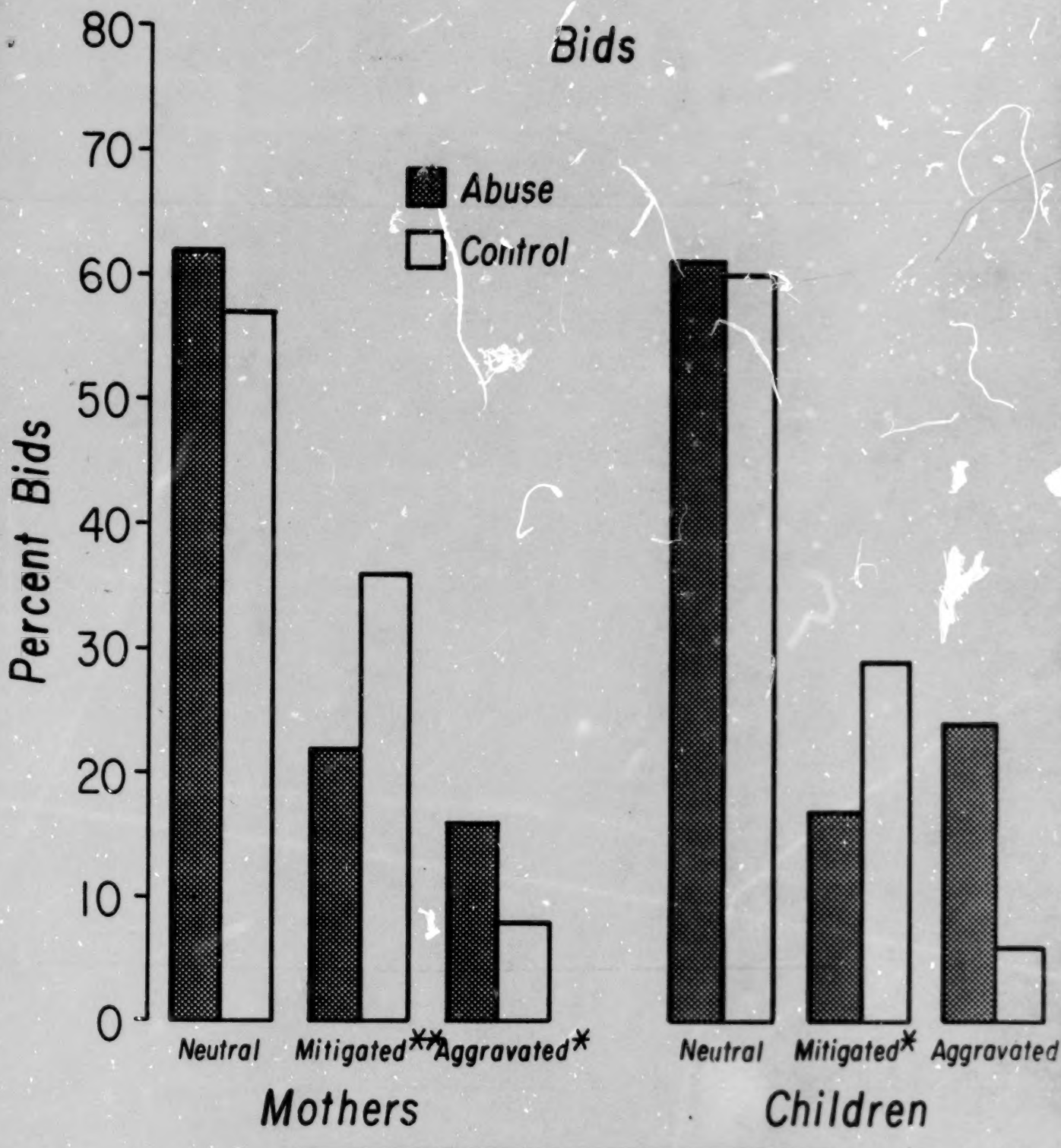
** $p<.05$

* $.05<p<.10$



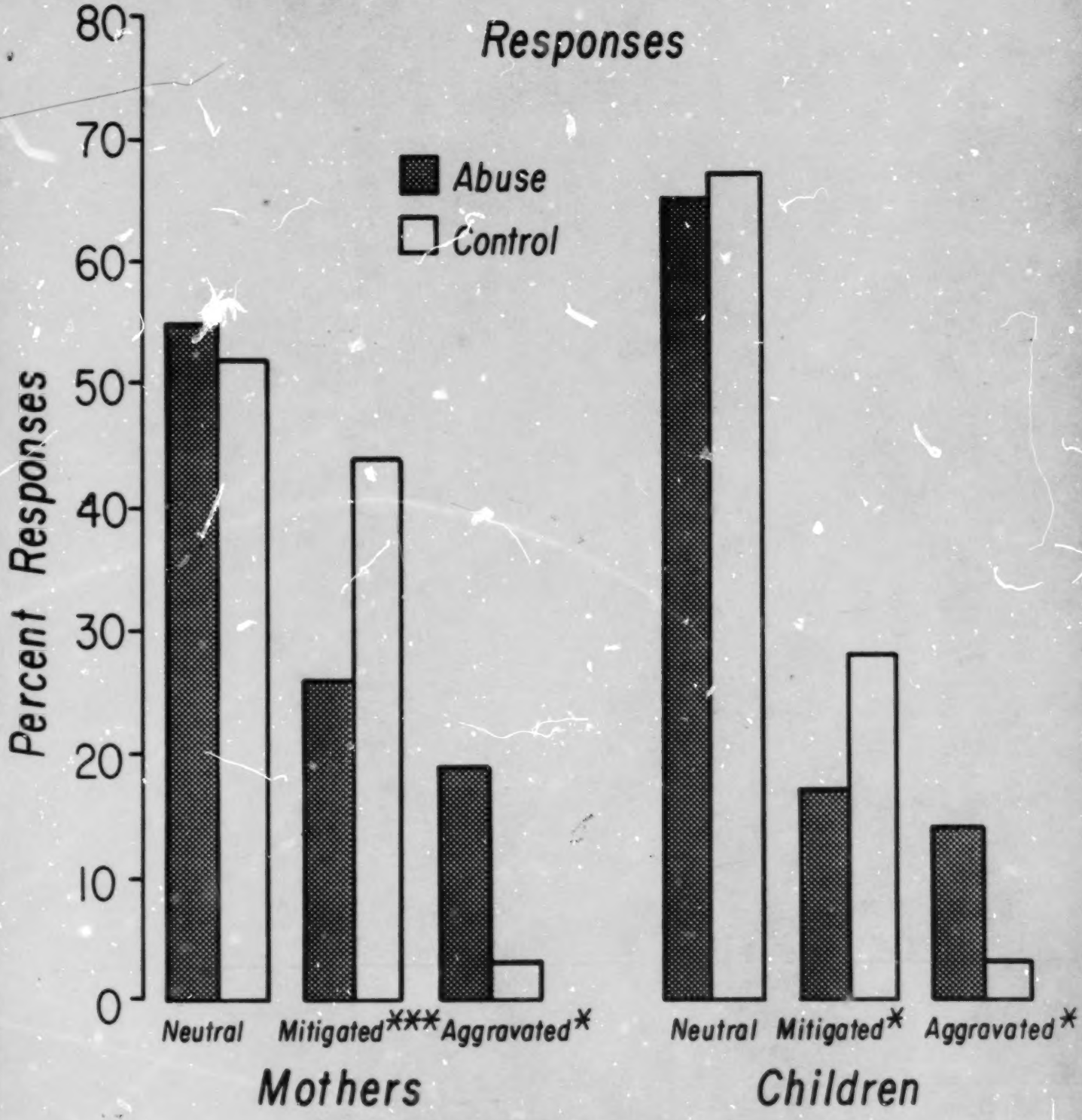
*p < .05, **p < .01, ***p < .005

Fig. 1a



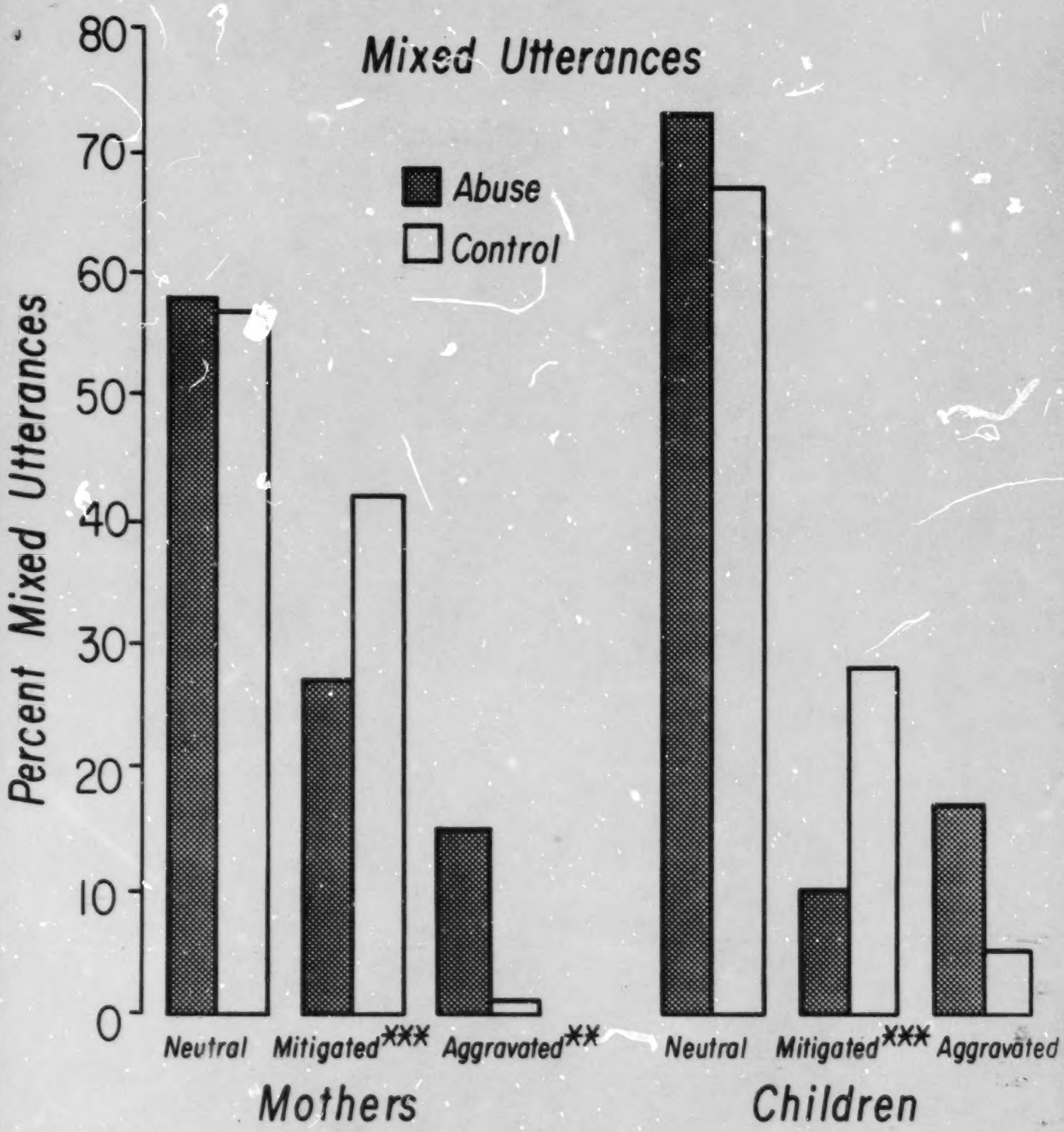
*p < .05, **p < .01, ***p < .005

Fig. 1b



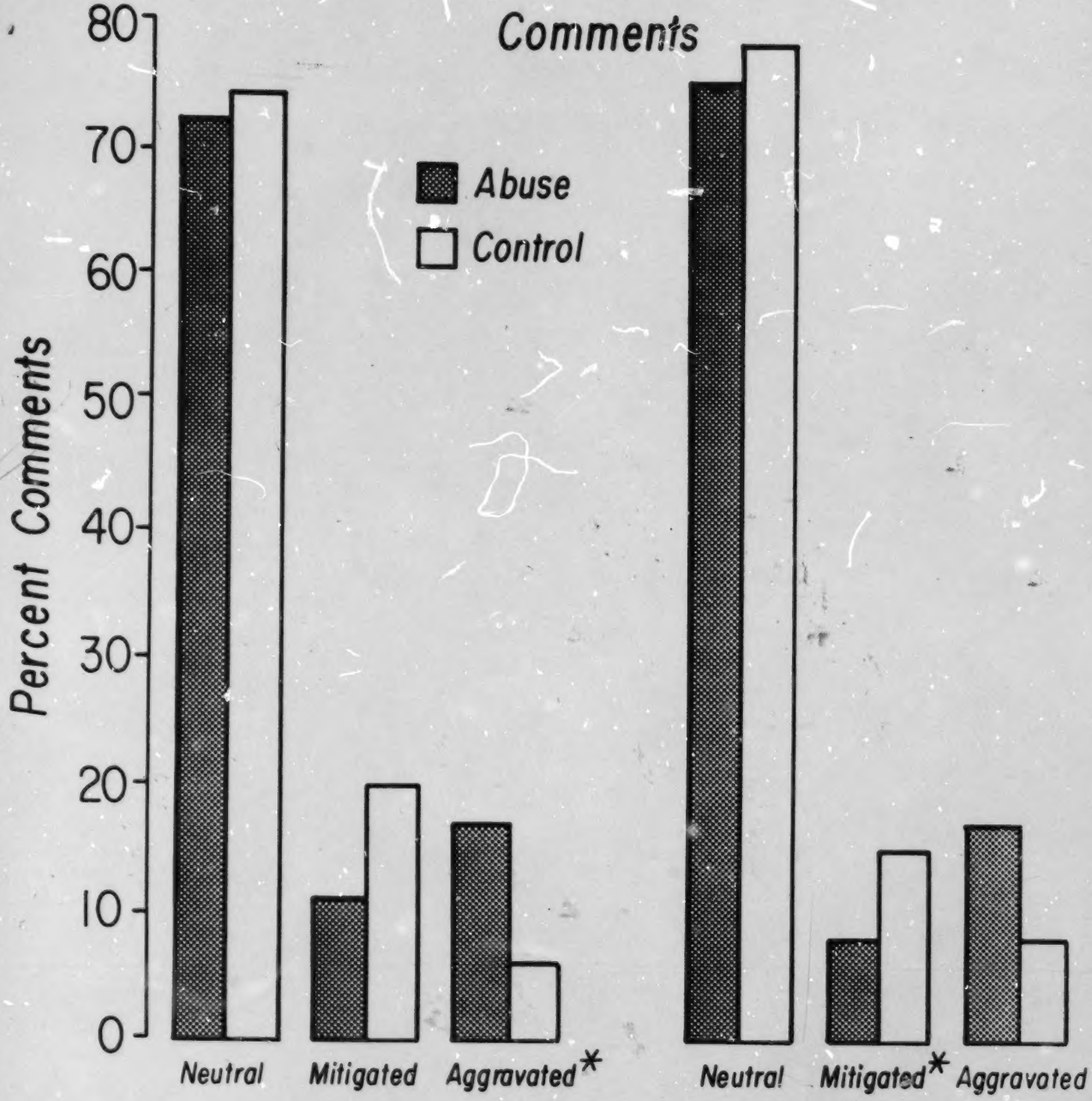
*p < .05, **p < .01, ***p < .005

Fig 1c



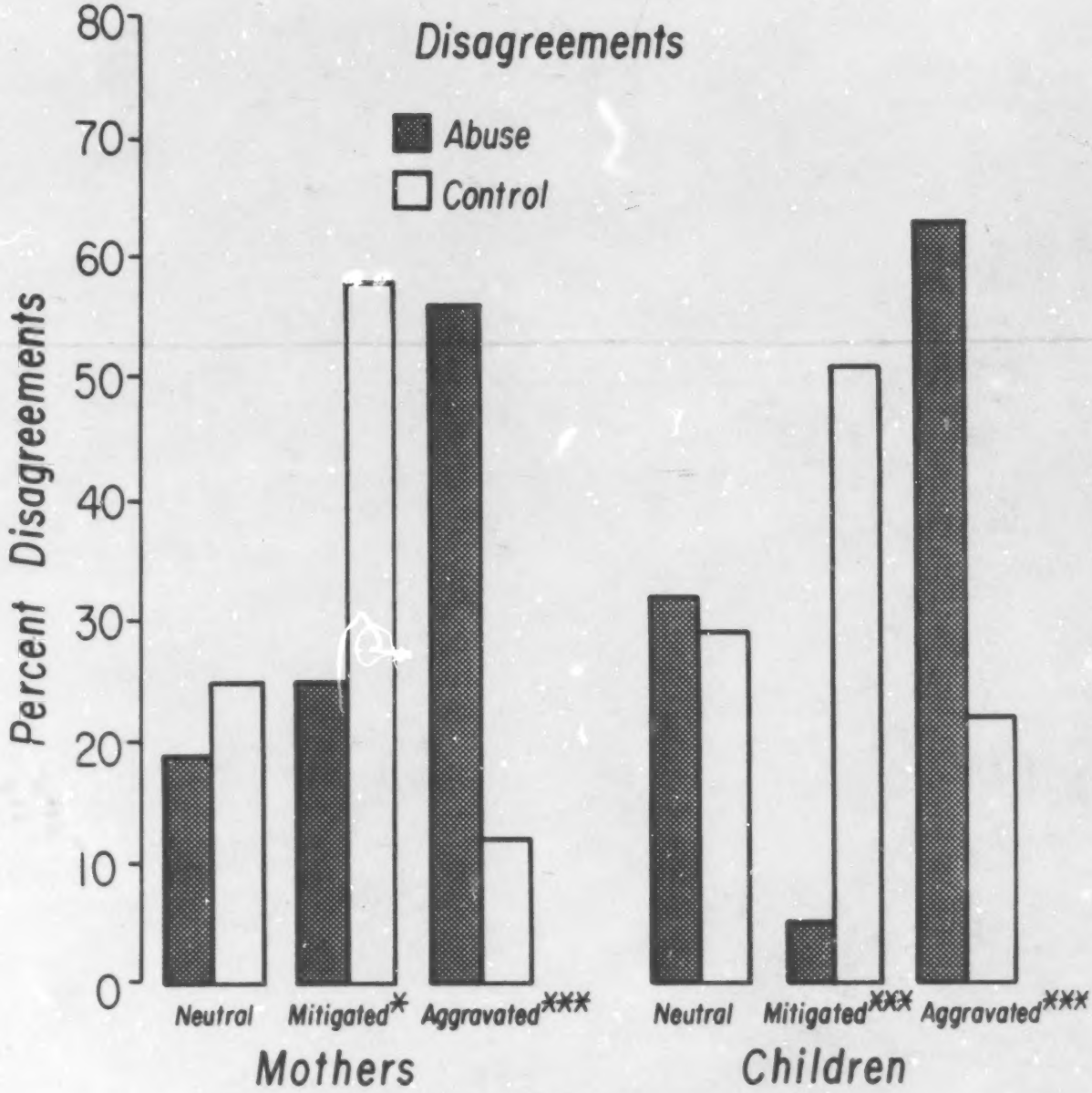
*p < .05, **p < .01, ***p < .005

Fig 1d



*p < .05, **p < .01, ***p < .005

Fig 1e



*p < .05, **p < .01, ***p < .005

Fig 1 f